

Repair of Lacerations.

[The following comment is rather in the nature of a discussion of Dr. George B. Somers' recent paper, and at his suggestion we gladly give it space.]

Kindly permit me to express my appreciation of your excellent paper, "Recent Complete Tears of the Perineum," appearing in the February number of the CALIFORNIA STATE JOURNAL OF MEDICINE. Having had 15 years' experience as a general practitioner in the country, before taking up my work in the city, I can fully appreciate the value of your paper.

I am glad to know that you believe that the shoulders do more harm to the perineum than the head. This is a contention that I have made for many years. The old notion seemed to be that the head was the all-important thing in any case of labor. The head was blamed for everything that went wrong in any case where accident occurred. This belief was tacitly accepted by the profession as a whole and settled into a sort of superstition from which it will take years to educate the rank and file, as well as many of the authorities, in the practice of obstetrics. I believe that very few practitioners have ever taken pains to observe just when the perineum gives way, or what causes it to rupture. I have made it a habit to examine the perineum, gently, but carefully, after the head has passed. There is seldom if ever a time when this cannot be done without any inconvenience or detriment to anybody. I have seldom found a perineum ruptured by the head, unless the head had been expelled by a sudden and excessively severe pain, or the dragging of the head through the external parts by the injudicious use of the forceps. Many practitioners wait until the child is delivered, and then hunt for a laceration. If they find one they assume that the head produced it, and will not be told otherwise. The permitting of the head to drop down over the perineum after it has passed and rotation is complete, thus favoring the passage of the upper shoulder, under the public arch, before the lower shoulder has passed the perineum, is responsible for the lower shoulder, or the elbow of the lower arm, plowing right through the perineum. The majority of ruptures, in my experience, have been produced by the shoulder.

I fail to see why the immediate repair of the perineum should be attended by many unsuccessful results, if it is done with any degree of care or skill. My own failures in this condition make less than 2% of all the cases repaired. I have never but once allowed a perineum to go without immediate repair. In that case the condition of the patient would not warrant longer manipulation. Formerly I used silk, as I seldom had other material for sutures. I have had good results with silk. It is true I had some irritation about the stitch holes, and sometimes a small abscess, but on the whole I had very satisfactory results. I believe that much of my success was due to the fact that I attended to the douching and catheterizing, where the latter was necessary, myself. I had no graduate nurses for years in my early experience. I do not mean to argue in favor of silk at this time, for I believe that there are now better materials. I believe that the majority of failures are due to a lack of a deliberate and painstaking repair of the laceration. I believe that solutions of bichloride of mercury are the most pernicious of all solutions ever used. Steril normal salt solution, if used freely and in a cleanly manner, is just as effectual and perfectly safe. A careful removal of all clots that might separate the raw surfaces and a trimming out of any hashed up tissue in which the circulation is undoubtedly destroyed, together with an accurate bringing together of the torn parts, so as to leave no pockets or "dead spaces," will be followed by success in the vast majority of cases, provided the parts are not too much meddled with during the healing process. Apropos of the meddling, I once delivered

a primipara by forceps for a young practitioner who happened to be the husband of the patient. The patient was 28 years of age. The husband had undertaken the case himself. He had dosed the patient with about every drug in the list that he had ever heard of to promote dilatation, and also the expulsive character of the pains. After more than 24 hours, and with the head on the perineum for no knowing how long, the patient, worn out with straining, and the pains amounting to nothing, I was called. The laceration was quite extensive, but not complete. It extended to the margin of the anus, though not into the bowel. I sewed it up with a great deal of care. The husband had his head full of puerperal sepsis and began to importune me as to "how often to douche her through the night." I urged him to leave that to me and let me take entire charge of the case, as also did the patient. Imagine my disgust when he calmly informed me the next morning that he "had douched her thoroughly every two hours through the night with a silver male catheter for a douche tip, being sure to work it around in every nook and corner." He had used carbolic acid, and I do not know what else, for the purpose. In spite of his meddling, partial union took place at the bottom of the wound, leaving some support for the perineum. No sepsis occurred and the patient made a very uneventful recovery. However, it was not much to my enjoyment a year or two later to find that I was very seriously blamed because the woman suffered from puerperal eclampsia in her second pregnancy.

I believe that the lack of accuracy in bringing anatomical structures into their normal relation, too much rough scrubbing of the parts with strong antiseptic solutions and too much pulling at the parts to look at them, with too much douching and meddling with them during the healing process, defeat more repairs than anything else.

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Army Medical Corps Examinations.

Preliminary examinations for appointment of Assistant Surgeons in the Army will be held on May 1st and July 31, 1906, at points to be hereafter designated.

Permission to appear for examination can be obtained upon application to the Surgeon General, U. S. Army, Washington, D. C., from whom full information concerning the examination can be procured. The essential requirements to securing an invitation are that the applicant shall be a citizen of the United States, shall be between twenty-two and thirty years of age, a graduate of a medical school legally authorized to confer the degree of doctor of medicine, shall be of good moral character and habits, and shall have had at least one year's hospital training or its equivalent in practice. The examinations will be held concurrently throughout the country at points where boards can be convened. Due consideration will be given to the localities from which applications are received, in order to lessen the traveling expenses of applicants as much as possible.

In order to perfect all necessary arrangements for the examinations of May 1st, applications must be complete and in possession of the Surgeon General on or before April 1st. Early attention is therefore enjoined upon all intended applicants.

There are at present twenty-five vacancies in the Medical Corps of the Army.

In the treatment of intussusception the irrigation method should not be persisted in for too long a period, 48 hours being the maximum limit. The fluid should not be injected under high pressure, the irrigator not being suspended more than one and one-half or two feet above the patient.—*International Journal of Surgery.*